



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**LEGAL MALPRACTICE CLAIM REPORT**

MAIL TO:  
STATISTICAL SECTION  
P.O. BOX 690  
JEFFERSON CITY, MO 65102-0690  
**SEE INSTRUCTIONS ON REVERSE**

**SECTION A**

|   |  |   |                                |   |
|---|--|---|--------------------------------|---|
| 1. INSURER'S NAME   |  |   | 2. NAIC GROUP AND COMPANY CODE |   |
| 3. INSURER CLAIM FILE NUMBER  |  | 4. INSURED'S CITY, STATE, ZIP CODE  |                                |   |
| 5. STATUS OF THIS CLAIM   |  | A. New Claim<br>B. Closed Claim   |                                | C. Corrected New Claim<br>D. Corrected Closed Claim |
| 6. STATE  |  |   |                                | 5.  |
| 7. POPULATION CODE  |  | 01 - 1,000,000 or more<br>02 - 500,000 to 999,999   |                                | 03 - 100,000 to 499,999<br>04 - 50,000 to 99,999    |
| 8. HOW MANY LAWYERS WERE INSURED ON THE POLICY?   |  | A. One<br>B. 2 to 5   |                                | C. 6 to 30<br>D. Over 30                            |
| 9. HOW MANY YEARS HAD THE INSURED BEEN ADMITTED TO PRACTICE AT THE TIME OF THE ALLEGED ERROR? |  | A. Under 4 years<br>B. 4 to 10 years  |                                | C. Over 10 years                                    |
| 10. WHAT TYPE OF LAW OFFICE IS THE INSURED A MEMBER OF?                                       |  | A. Legal Clinic<br>B. Legal Aid   |                                | C. Private Practice                                 |
| 11. WHAT IS THE INSURED'S RELATIONSHIP TO THE CLAIMANT?                                       |  | A. Free legal service<br>B. Member pre-paid legal plan  |                                | C. Client other than A or B<br>D. Non-client        |
| 12. DID THE CLAIM ARISE AFTER THE INSURED MADE AN ATTEMPT TO COLLECT A FEE?                   |  | A = YES<br>B = NO   |                                | 12.   |
| 13. DID THIS CLAIM ARISE FROM AN AREA OF LAW:   |  | A. Normal to the insured's practice<br>B. Not normal to the insured's practice<br>C. Not applicable |                                | 13.   |
| 14. DATE OF OCCURRENCE  |  | 14. MO/YR   |                                | 15. DATE FIRST REPORTED TO INSURER                  |
|   |  |   |                                | 15. MO/YR   |

**SECTION B**

|  |  |  |
|--|--|--|
| 16. DATE THIS CLAIM CLOSED OR DISPOSED   |  | 16. MO/YR  |
| 17. CLAIM DISPOSITION  |  | 17.  |
| A. Before filing suit or demanding hearing<br>B. Before trial or hearing<br>C. During trial or hearing<br>D. After trial or hearing but before judgment or decision<br>E. After judgment or decision but before appeal |  | F. During appeal<br>G. After appeal<br>H. Claim or suit abandoned<br>I. During review panel or non-binding arbitration |
| 18. What amount was paid to the claimant (including the deductible)?   |  | 18.<br>\$  |
| 19. What amount was paid for loss expenses (including the deductible)?   |  | 19.<br>\$  |
| 20. What reserve amount was established for loss payment?  |  | 20.<br>\$  |
| 21. What reserve amount was established for loss expense?  |  | 21.<br>\$  |
| 22. What was the amount of the insured's deductible?   |  | 22.<br>\$  |

**SECTION C**

|  |  |     |
|--|--|-----|
| 23. AREA OF LAW (See instructions for code)  |  | 23  |
| 25. MAJOR ACTIVITY CODE (See instructions for code)<br>Other (Specify) _____       |  | 24. |
| 26. ALLEGED ERROR OR OMISSION (See instructions for code)<br>Other (Specify) _____ |  | 25. |

|   |  |  |  |
|---|--|--|--|
| FORM PREPARED BY (PLEASE TYPE OR PRINT) |  | TELEPHONE NUMBER (AREA CODE) NUMBER, EXTENSION |  |
| SIGNATURE<br>▶                          |  | DATE   |  |

## LEGAL MALPRACTICE CLAIM REPORT INSTRUCTIONS

### SECTION A Complete this section for all claims.

1. **INSURER'S NAME** - The full and legal name of the insurance company providing the coverage for this claim.
2. **NAIC GROUP AND COMPANY CODE** - Enter the NAIC four digit group code and the five digit company code for the company listed in Item 1.
3. **INSURER CLAIM FILE NUMBER** - Enter the company file number for this claim. Both alphabetic and numeric characters are permitted. DO NOT USE HYPHENS, DASHES, SLASHES OR SPACES.
4. **INSURED'S CITY, STATE AND ZIP** - Enter the city, state and zip code address for the insured against whom this claim was made. "State" is the two letter official postal code; i.e., MO, MA, KY, etc.
5. **STATUS OF THIS CLAIM** - Use A for each new claim opened and B for each of these new claims which are now closed. Use C if a claim is reopened and D for each of these reopened claims which are now closed.
6. **STATE** - The two letter official postal code of the state where the claim was made.
7. **POPULATION CODE** - Enter the two digit code for the city population where the claim was made.
8. thru 13. (Self-Explanatory)
14. **DATE OF OCCURRENCE** - This date and all other dates are to be reported in the form MM YY.
15. **DATE FIRST REPORTED TO INSURER** - Use the date format specified in Item 14.

### SECTION B Complete this section for each closed claim only.

16. **DATE THIS CLAIM CLOSED OR DISPOSED** - Use the date format specified in Item 14.
17. **CLAIM DISPOSITION** - For this claim, enter the alpha code for **final** method of disposition.
18. thru 22. Round all amounts to the nearest dollar.

### SECTION C Complete this section for all claims.

23. **AREA OF LAW** - Enter the alpha code for which area of law the insured was retained by the client.

- |  |   |
|--|---|
| A. Real Estate                               | N. Civil Rights and Commission          |
| B. Estate, Trust & Probate                   | O. Consumer Claims                      |
| C. Family Law                                | P. Construction (Building Contracts)    |
| D. Personal Injury/Property Damage-Plaintiff | Q. Corporate and Business Organization  |
| E. Personal Injury/Property Damage-Defendant | R. Environment                          |
| F. Workers' Compensation                     | S. Government Contracts and Claims      |
| G. Securities (S.E.C.)                       | T. Immigration and Naturalization       |
| H. Patents, Trademarks, Copyrights           | U. International Law                    |
| I. Collection and Bankruptcy                 | V. Labor Law                            |
| J. Taxation                                  | W. Local Government                     |
| K. Criminal                                  | X. National Resources                   |
| L. Admiralty                                 | Y. Business Transactions/Commercial Law |
| M. Antitrust                                 |   |

24. **MAJOR ACTIVITY CODE** - Indicate the one major activity which the licensee was engaged in at the time the alleged error occurred.

- A. Commencement of action or proceeding (initial pleading, service)
- B. Pre-trial, pre-hearing (investigation, subsequent pleading, discovery, motion)
- C. Trial or hearing
- D. Post trial or hearing
- E. Appeal activities
- F. Preparation, transmittal or filing of documents other than pleadings
- G. Settlement and negotiation
- H. Ex parte (noncontested) proceedings, i.e., adoption and probate
- I. Investigation, other than litigation
- J. Tax reporting or payment
- K. Title opinion
- L. Other written opinion
- M. Consultation or advice
- N. Recommendation of or referral to another professional including another lawyer
- O. Other (Please specify on front)

25. **ALLEGED ERROR OR OMISSION** - Indicate the one alleged error or omission which is the most significant to the cause of the claim being made.

- |  |   |
|--|---|
| A. Failure to calendar properly                                    | L. Failure to understand or anticipate tax consequences   |
| B. Failure to react to calendar                                    | M. Failure to know or properly apply to law               |
| C. Failure to know or ascertain deadline correctly                 | N. Failure to follow client's instructions                |
| D. Failure to file documents where no deadline is involved         | O. Failure to obtain client's consent or to inform client |
| E. Procrastination in performance of services or lack of follow-up | P. Improper withdrawal from representation                |
| F. Error in mathematical calculation                               | Q. Conflict of interest                                   |
| G. Lost file, document or evidence                                 | R. Libel or slander                                       |
| H. Clerical error  | S. Malicious prosecution or abuse of process              |
| I. Error in public record search                                   | T. Violation of civil rights                              |
| J. Planning or strategy error                                      | U. Fraud  |
| K. Inadequate discovery of facts or inadequate investigation       | V. Other (Please specify on front)                        |